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AUTHOR Miles, M.
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ABSTRACT

The North West Frontier Province of Pakistan plans to improve services and facilities for handicapped children and is encouraging expatriates to bring their skills to Pakistan. Staff of current institutions are either untrained or have received short courses of training within Pakistan. There are currently about five expatriates working in the special education and rehabilitation field with the Church of Pakistan. About five other expatriates who have training and experience in special education or rehabilitation are working in other fields. The expatriates who are involved in the field are attempting to provide on the job training to nationals. The most likely situations in which skilled expatriates could be helpful are: (1) working at day centers for the blind, deaf, or mentally retarded, which give special education or vocational training; (2) serving at the polio/cerebral palsy clinic; (3) providing inservice training to teachers in normal schools, on remedial teaching, and on integrating mildly handicapped children into normal classes; and (4) being involved with community rehabilitation schemes. Problems that are likely to be encountered by expatriates are cultural and language differences and the restrictions imposed on women by the system of sexual apartheid. The absence of facilities and consultants is also a problem, along with the need to change attitudes about the handicapped (e.g., to show concern for the handicapped without making them over-dependent). (SEW)

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POTENTIAL FOR EXPATRIATE INVOLVEMENT WITH
HANDICAPPED CHILDREN IN THE N.W.F.P. OF PAKISTAN

Background. The Government of the North West Frontier Province (pop. 18 million) is keen to provide facilities for handicapped children, and there is both Federal and Provincial financing available. The three factors most evidently lacking are 1) Public awareness; 2) Rehabilitation skill; 3) Specialised equipment. The most difficult to supply from indigenous resources is rehabilitation skill and experience. The Government has welcomed expatriates bringing these skills. It is very likely that for another ten years there will be a large unmet need in this area. (See also background paper : "Work with handicapped children in Pakistan").

Current and Planned Activities. The Government is running one Blind Institute and two Deaf Schools in Peshawar, and a Deaf School in Abbottabad. It has recently opened an Institute for Mentally and Physically Handicapped in Peshawar, and plans to open further deaf schools in Peshawar and in Dera Ismail Khan. The staff of these institutions are either untrained or have received short courses of training within Pakistan. The degree of professional competence is low. Some of the staff nevertheless show interest and enthusiasm, and have welcomed offer of assistance.

The Government is also giving financial assistance directly or indirectly to three special schools in the private sector : The Mental Health Centre (M.H.C.), the Mardan School for the Mentally Handicapped, and the Sarhad School for Disabled Children in University Town Peshawar. The first two are run by the Church of Pakistan; the Sarhad School is run by a voluntary welfare agency. In addition there is Asbar's School in University Town Peshawar, which has a policy of integrating a proportion of disabled children with normal children; some other schools are known to be ready to experiment with integrated education.

There are three workshops in Peshawar supplying calipers and artificial limbs : one is run by the Government at the Khyber Hospital; the I.C.R.C. hospital is supplying Afghan refugees; the M.H.C. supplies calipers to children being treated in its own Physiotherapy clinic. There are some physiotherapists in the major Governments hospitals, but they do not seem to make much impact on the physically disabled children of the Province.

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With Government approval and UNICEF aid, the Frontier Association for the Mentally Handicapped is employing two graduates (with some rehabilitation training at the M.H.C.) to visit parents of handicapped children in seven major towns of the N.W.F.P. to try to promote the formation of Parents Associations and the initiation of appropriate facilities for handicapped children, probably in the form of special education day-centres and vocational training courses. The towns, with their population and distance from Peshawar, are : Saidu Sharif (100,000; 100 miles); Abbottabad (60,000; 120 m.); Nowshera (70,000; 25 m.); Charsadda (50,000; 15 m.); Kohat (70,000; 40 m.); Bannu (50,000; 120 m.); D.I. Khan (80,000; 190 m.). Some families with handicapped children in these towns have been identified by college students doing house surveys. The second city of the Province, Mardan (150,000; 40 m.) is omitted from the project because it already has some viable handicap work and parent involvement.

Present Expatriate Involvement. There are currently four expatriates working in the rehabilitation field with the Church of Pakistan in Peshawar and Mardan : two special teachers of mentally handicapped children, one secretary and one administrator (both having several years experience of work with mentally and physically handicapped children). A fifth expatriate is expected shortly, a social worker with experience of mental handicap home-institution liaison. There is also an expatriate speech therapist working with an independent mission, but involved with the Mardan school; and an occupational therapist working independently at the Sarhad School. At the I.C.R.C. Hospital for refugees there are some expatriate physiotherapists working on a 6/12 month basis and then being replaced by others. There are also a small number of expatriates (perhaps 4/6) who are working outside the rehabilitation field but who have had training and experience in special education or rehabilitation. Some efforts are being made to draw these people into advisory positions and committee work, in order to benefit from their experience.

There are a number of hospital-based expatriates, (doctors, surgeons, nurses, community health workers), peripherally involved in the rehabilitation field (e.g. in eye surgery, orthopedics), giving outpatient or home counselling to parents with impaired children, and sometimes engaged in the prevention of disability by health education, immunisation, etc. Pressure of work usually limits their opportunities for ongoing counsel and advice to families on home rehabilitation. The same is true of expatriates working in normal schools, who

see a certain proportion of impaired children in their classes, but who do not usually find much opportunity for giving extra help.

Skills Reproduction. The currently involved expatriates are attempting to pass on their skills and experience in informal on-the-job training of nationals. All the national staff working with mentally handicapped children have spent some time at the Mental Health Centre before going to work in Mardan, in the Sarhad School, in the Community Rehabilitation Development Project, and in the new Government Institute of Mental and Physical Handicap. Nevertheless, the training opportunities are far from ideal. It is anticipated that Parents Associations formed by the C.R.D. Project in the various towns will send people for basic training to the M.H.C., who will then return to start their own small centre. The I.C.R.C. has given training in basic caliper/artificial limb technology to some young men, two of whom are now making calipers at the M.H.C. It is intended that one of these two should return to Bannu or D.I. Khan in due course to make calipers there.

There are two Government sponsored training courses : one for Physiotherapy B.Sc. in Karachi produces graduates who usually go abroad or seek for job-equality with doctors, and in either case do not wish to engage in the "manual work" of physical manipulation of withered limbs; and one course for teachers of the deaf, in Lahore. There are plans for increasing the number of caliper and artificial limb technicians. Teachers of the blind seem to pick up their training on-the-job. Some of the teachers are themselves blind.

Church Involvement. As Government medical and educational facilities have expanded, in some cases nationalising the Christian institutions, there is a less obvious opportunity for the Church in those fields. In fact the need is still great, given the population pressure and the low standards in some Government institutions, but it is hardly pioneering work. In the field of disability, special education and rehabilitation, there is by contrast a need almost untouched. The Government freely admits that it is not in a position to do more than open a few institutions in the major cities, and that it desires voluntary welfare bodies to come forward and fill the gap. This is a field of humanitarian service in which 'results' are not often spectacular by the usual measures of human success. Rehabilitation is often a long, slow process, with setbacks and disappointments, and there is not the reward of prestige from educational

prizes gained or surgical marvels achieved. This makes it a field peculiarly well suited to the vocation of the Church as a humble servant within the community.

The Church of Pakistan, Diocese of Peshawar, has encouraged the development of facilities for the handicapped at Peshawar and Mardan, and promises to continue this interest in the other locations where it has some existing facilities. Where possible, the Church has made premises available free of charge, and has acted as the responsible body in approaching overseas missions and aid agencies for financial assistance. This type of work could hardly become self-supporting unless it were to serve only the wealthiest sector of the community and to put itself under Government control by accepting a large proportion of Government funding. (The existing Church rehabilitation facilities accept Government aid up to 20/25% of the annual budget, and make up the remainder from moderate fees, local donations, and overseas aid).

Some Possible Developments using Expatriates. The most likely situations in which skilled expatriates could be of use are : 1) Day-centres for the blind, deaf or mentally retarded, which give special education or vocational training; 2) Polio/cerebral palsy clinic, probably an extension of an existing health centre; 3) Giving inservice training to teachers in normal schools, on remedial teaching and on the integration of mildly handicapped children into normal classes; 4) Involvement with community rehabilitation schemes, either centre-based or home-based, as a resource of expertise for consultation by nationals operating the scheme.

Situations (1) and (4) are both likely to arise over the next two or three years as outcomes of the FAME/UNICEF Community Rehabilitation Development Scheme, and will probably start at a very modest level of professional skill. When some experience has been gained by all those taking part, the need will certainly be felt for further acquisition of skills. This may best be done in on-the-job staff training. Vocational/handicraft training for handicapped young persons is particularly in demand.

Situation (2) would require very little preparation, if there were an existing health centre which could provide a spare room or two and perhaps some outdoor area for exercises and apparatus. The Polio clinic at the M.H.C. (treating also some cerebral palsy) was run by one physiotherapist with an unskilled assistant

during its first year, and treated about 100 children working mornings only. The children averaged about 3 months attendance each, and in the initial two weeks a family member was instructed in methods of massage and exercise to be carried out at home. (Children were admitted only if the family was keen to cooperate). There is a lengthy waiting list for admission.

Work on situation (3) is being studied at the moment by the Society for Integrated Education of Handicapped Children. Investigation in 35 Peshawar schools (about 18,000 pupils) showed an average of 10 children per school who were pointed out by the staff as having some impairment; there would certainly be more whose impairment was unnoticed. If an expatriate were available with experience in this field, there would be very useful opportunities for developing integrated education of handicapped children, in schools where the staff have demonstrated an interest.

It will have been apparent in this report that the broader the skills and experience offered by the expatriate the better. Any centre offering services for one type of disability will also see many children suffering other disabilities. Some children are multiply handicapped, while with others there has been a confusion of diagnosis, e.g. between deafness and mental handicap. A good grasp of the basic essentials of normal child development is a fundamental skill necessary in all cases. Since very few parents have such a grasp, and in most cases their resources of accurate information are nil, a considerable advantage can be gained merely by explaining to the parents of handicapped children what the normal needs of their child are, in developmental terms.

It is widely assumed that in the more developed countries there are 'miracle cures' for all disabilities, and as a result of this mistaken belief the ordinary course of special education and rehabilitation for handicapped children is often dismissed as being an inferior substitute. In fact, Pakistani staff who are doing exactly the same as would be done in a Western special school or rehabilitation centre, and doing it very competently, may be ignored since they are unable to produce the desired 'miracle cure'. In these circumstances it is valuable to have an expatriate right there doing the same thing, as evidence that similar methods can be used successfully in Pakistan as in the West.

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Some of the possibilities described above would require a certain depth of experience, language and acculturation. The recently arrived expatriate might not be suitable for such situations, but could instead release one of the longer-standing expatriates for such work by taking over their post on a short-term basis.

Difficulties Likely to be Encountered. The usual problems of cultural difference will be encountered, and in the tradition-bound Frontier this is no small obstacle. The restrictions imposed on women by the prevailing system of sexual apartheid are particularly depressing for the Westerner. Three or four quite distinct languages are commonly spoken in most places. For work with the deaf, blind, mentally retarded and speech defective, some intensive language study is an essential pre-requisite, and is likely to extend by at least a year the delay between arrival in the country and getting to grips with handicapped children in a useful way. Language need may be less acutely felt in the physiotherapy field, provided there is a national assistant/trainee with a reasonable ability in translation.

The absence of supporting facilities, equipment and consultants in the rehabilitation field poses a difficulty for therapists and special teachers who have been accustomed to a sophisticated and specialised system. Furthermore, the therapists' skills may be inappropriately advanced. In physiotherapy, for example, many younger European practitioners will have seen very few polio-paralysed children, and there will have been early intervention in most of the cerebral palsy they have encountered; whereas in the Frontier, the child may have suffered for ten years with no treatment at all, or even positively damaging treatment. Similar adaptation problems exist in the medical field and have been studied and written about, but there has been comparatively little study of the adaptation of Western rehabilitation skills to the developing world.

After expending some time and energy on trying to identify and transmit appropriate skills, the expatriate therapist may come to the realisation that it is necessary first to identify and promote the attitudes without which the skills may be useless. In both efforts, the problem exists that it is difficult to attract nationals of high calibre into the rehabilitation field, which at present has low status and pay (except in a few big cities where inappropriately sophisticated Western technology and methods have been imported to provide islands of excellence

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for the wealthiest people.) The appropriate attitudes include a deep respect for the handicapped person and family; an accurate estimation of how to show caring concern without creating a dependency relationship; an awareness and tolerance of the motivation and peculiarities of professional colleagues; and a willingness to take responsibility and to work extremely hard.

Rehabilitation work in the N.W.F.P. suffers to some extent from the "broad-bosom" syndrome; disabled children are clasped (metaphorically) to the broad bosom of wealthy ladies who wish to imagine that they are doing something useful.. The interest of many of these ladies is in assuaging the guilt caused by their own affluence amidst poverty. (Some of them are also genuinely fond of children). Their efforts at rehabilitation work emphasize their own concern and charity, rather than focusing on the progress towards self-dependence of the handicapped person. The disabled in all countries are liable to attract the broad-bosomed. Expatriate personnel whose main desire is to "go out there and simply love those poor handicapped children" should be diverted elsewhere, as we have enough problems already in the N.W.F.P.

Some More-Attractive Features. While there are undeniably many difficulties to be encountered, there are also some benefits and advantages of working in rehabilitation in the N.W.F.P., compared with Europe or North America. Every therapist or special teacher counts for a great deal, since there are no replacements available. There are opportunities for exercising responsibility and initiative in a way never encountered in the more developed Western rehabilitation systems. Although the actual nuts-and-bolts of the work does not attract many nationals, and may be despised as 'manual work' or disregarded as 'merely playing with a few mad children', nevertheless the fact of working with handicapped children is highly regarded in the community. The relief of families when at last they find an authoritative source of information and counsel, and the joy of parents when some progress is achieved with the child, whom they feared was a hopeless case, are universal.

October 1982

M. Miles

Peshawar